

2011-2012 MHBG PROGRAM DATA SHEET
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Complete one sheet for each MHBG funded program that supports transformation activities (as budgeted).

COUNTY: _____

PROGRAM TITLE: _____

PROGRAM CONTACT/TITLE: _____

Phone #: _____ FAX: _____ E-Mail: _____

MHBG FUNDING LEVEL: (MH 1779, Line 38, Net Cost) \$_____

TARGET POPULATION(S): (ESTIMATED **NUMBER** OF CONSUMERS TO BE SERVED IN THE YEAR WITH MHBG FUNDS)

SMI ADULT _____ SMI OLDER ADULT _____ SED CHILD _____

TYPES OF TRANSFORMATIONAL SERVICE(S) PROVIDED

- Check all categories that are applicable
- Please elaborate in the narrative portion of the application

Transformational Categories	Is MHBG funding used to support this goal? If yes, Please check (✓)
Americans Understand that Mental Health is Essential to Overall Health	
Mental Health Care is Consumer and Family Driven	
Disparities in Mental Health Services are Eliminated	
Early Mental Health Screening, Assessment, and Referral to Services are Common Practice	
Excellent Mental Health Care is Delivered and Research is Accelerated	
Technology is Used to Access Mental Health Care and Information	

ADDITIONAL COMMENTS: